



Dental/Vision Plan Offered With Advantage 65

Administered by Anthem Blue Cross and Blue Shield

July 1, 2005

Your group may choose to offer the Dental/Vision plan with the Advantage 65 plan. For a complete description of the benefits and exclusions, please see the Dental/Vision Member Handbook.

How The Plan Works

Dental Benefits

The plan pays up to \$1,200 per member per plan year. It also pays 100% of the allowable charge for diagnostic and preventive services, such as oral examinations and dental x-rays. It pays 80% of the allowable charge for primary services, such as fillings, re-cementing of crowns, inlays and bridges, or repair of removable dentures. The remaining 20% is your responsibility.

When you need services, simply present your plan identification card to your dentist. If you go to an Anthem network dentist, you will be responsible only for your coinsurance. If services are provided by a non-network dentist, you pay your coinsurance, plus the difference, if any, between the plan's allowable charge for a covered service and the dentist's charge. Network dentists are listed on the Web at www.anthem.com, or call Anthem Member Services toll-free at **1-800-552-2682** to determine if a dentist is in the network.

Plan Pays \$1,200 Maximum Per Person Per Plan Year		In-Network You Pay
<i>Diagnostic And Preventive Services</i>	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	\$0
<i>Primary Services</i>	Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges	20% AC
<i>Out-Of-Network Care</i>	For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge.	

Vision Benefits

Every 24 months, the plan pays a set amount for one routine eye exam, one pair of eyeglass frames and one pair of eyeglass lenses or contact lenses. The plan pays up to \$40 for one routine eye exam; up to \$75 for one pair of frames; up to \$50 per pair of single lenses; up to \$75 per pair of bifocal lenses; up to \$100 per pair of trifocal lenses; and up to \$100 for contact lenses. **You are responsible for paying any costs above what the plan pays.**

Present your plan identification card to your eye care professional when you need services. You may receive services from any licensed ophthalmologist, optometrist, or optician. You pay the provider's charge minus the plan's payment. You may need to file a claim for reimbursement. The provider may choose to file a claim for you, or you may need to file your own claim for reimbursement.

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Vision Benefits Highlights

	The Plan Pays
<i>Routine Vision Exam</i> (once every 24 months)	Provider's charge up to a maximum of \$40 per routine exam
<i>Frames</i> (one pair every 24 months)	Provider's charge up to a maximum of \$75 per pair
<i>Lenses</i> (one pair of eyeglass lenses or any type of contact lenses every 24 months)	Provider's charge up to the maximum amounts specified below for the types of lenses provided:
▲ Single lenses	\$50 per pair
▲ Bifocal lenses	\$75 per pair
▲ Trifocal lenses	\$100 per pair
▲ Contact lenses (hard, soft, or disposable)	\$100

If You Need Assistance

Anthem Blue Cross and Blue Shield

For assistance, please call Anthem Member Services:

(804) 355-8506 in Richmond

1-800-552-2682 outside Richmond

Monday through Friday 8:00 a.m. – 6:00 p.m.

Saturday 9:00 a.m. – 1:00 p.m.

On the Web at www.anthem.com

The Local Choice

The Local Choice Health Benefits Program

Commonwealth of Virginia

Department of Human Resource Management

101 North 14th Street – 13th Floor

Richmond, VA 23219

(804) 786-6460

On the Web at www.thelocalchoice.virginia.gov

NOTE: This is not a policy. This is a brief summary of benefits under the Dental/Vision Plan offered with Advantage 65. If you enroll in the plan, you will receive a Dental/Vision Plan Member Handbook with detailed information about the benefits, exclusions, limitations, and your responsibilities under the plan.